



COMBINED DECLARATION AND POWE	ER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL	
As a below named inventor, I hereby declare that:	
TYPE OF DECLARATION	ON
This declaration is of the following type: (check one appli	
[ ] original	
[ ] design	
[ ] supplemental NOTE: If the declaration is for an International Appli	cation being filed as a divisional.
continuation or continuation-in-part application, do <u>not</u> c	
one of last three items.	, , ,
[ ] national stage of PCT	
NOTE: If one of the following 3 items apply, then complete a	and also attach ADDED PAGES FOR
DIVISIONAL, CONTINUATION, OR CIP.  [ ] divisional	
[ ] continuation	
[ ] continuation-in-part (CIP)	
INVENTORSHIP IDENTIFIC	PATION
WARNING: If the inventors are each not the inventors	
the facts, including the ownership of a	
claimed invention was made, should be sub	omitted.
My residence, post office address and citizenship are as believe I am the original, first and sole inventor (if only original, first and joint inventor (if plural names are which is claimed and for which a patent is sought on the inventor invento	<i>y one name is listed below)</i> or an <i>listed below)</i> of the subject matter
TITLE OF INVENTION	N
"APPARECCHIO RICETRASMITTENTE CON UNITA SECONDO LO STANDARD	
SPECIFICATION IDENTIFIC	CATION
the specification of which: (complete (a), (b) or (c))	
(a) [ ] is attached hereto.	
(b) [ ] was filed on as [ ] Seri	al No. 09/
or [ ] Express Mail No., as Serial No.	
and was amended on(if	applicable).
NOTE: Amendments filed after the original papers are de new matter are not accorded a filing date by be Accordingly, the amendments involved are those in the case of a supplemental declaration, are tho encompassed in the original statement of invention	eing referred to in the declaration. filed with the application papers or, se amendments claiming matter not
(c) [ ] was described and claimed in PCT Inter	national Application No.
filed on as	amended under PCT Article 19 (1)
on (it	any).

## ACKNOWLEDG NT OF REVIEW OF PAPERS AND

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Federal Regulations § 1.56.

[ ] In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

#### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) [ ] no such applications have been filed.
- (e) [X] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

### EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
ITALY	RM98A000478	14 February 2000	[X]YES [ ]NO
			[]YES []NO
			[ ]YES [ ]NO
			[ ]YES [ ]NO
			[ ]YES [ ]NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

#### **POWER OF ATTORNEY**



As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Richard P. Berg, Reg. No. 28,145 Mavis S. Gallenson, Reg. No. 32,464 Kam C. Louie, Reg. No. 33,008 Ross A. Schmitt, Reg. No. 42,529 Victor Repkin, Reg. No. 45,039 John Palmer, Reg. No. 36,885 Peter D. Galloway, Reg. No. 27, 885 William R. Evans, Reg. No. 25, 858

(check the following item, if applicable)

[	]	Attach	ed a	ıs	part	of	this	decla	ration	and	power	of	attorney	is	the	authorization	of	the
abov	∕e-r	named	attor	ney	/(s)	to	accep	t and	follow	/ inst	ructions	fro	om my r	epre	esent	tative(s).		

#### SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Richard P. Berg, Esq. c/o LADAS & PARRY 5670 Wilshire Boulevard, Suite 2100 Los Angeles, California 90036-5679

Richard P. Berg

(323) 934-2300

#### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

Full name of sole or first inventor	Riccardo MIGLIACCIO
Date	Country of CitizenshipITALY
	579, 00151 Rome, Italy
Post Office Address(same as re	esidence)
Full name of second joint inventor	r, if any
Inventor's signature	
Date	Country of Citizenship
Residence	
Post Office Address	

# CHECK PROPER (ES) FOR ANY OF THE FOLLOWING DED PAGES(S) WHICH FORM A PART OF THIS DECLARATION

[ ] Signature for third and subsequent joint inventors. Number of pages added
[ ] Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
[ ] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added Added pages to combined declaration and power of attorney for divisional, continuation-in-part (CIP) application.  Number of pages added
* * *
[ ] Authorization of attorney(s) to accept and follow instructions from representative.
* * *
If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.
[ x ]This declaration ends with this page.